

REGISTRATION FORM

**US-Japan CT Workshop 2004
September 13-16, 2004
La Fonda Hotel, Santa Fe, NM**

PLEASE TYPE OR PRINT LEGIBLY

Name: (Last, First, Middle) _____

Organization: _____

Organization Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

WORKSHOP COSTS: (includes general workshop expenses)

Registration fee: \$300.00

Student fee: \$100.00

One day fee: \$100.00

TOTAL: \$ _____

PLEASE INDICATE PARTICIPATION:

Registration/Reception, Monday, September 13, 2004 – (6:00 p.m. – 8:00 p.m.) Yes No

Tour, Los Alamos National Laboratory (lunch will be provided)
Thursday, September 16, 2004 Yes No

Make check payable in US dollars to: UC/ US-Japan CT Workshop 2004
Credit Cards will be accepted (**Visa and MasterCard only**)
You will receive a receipt at the workshop registration desk.

Credit Card (please circle one): Visa MasterCard

Company Credit Card: _____ Personal Credit Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

LANL Participants please provide the following information (**do not request a travel check for this fee**):

_____/_____/_____/_____
cost code program code cost account work package

PLEASE RETURN REGISTRATION FORM ASAP

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